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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Ahmad Aaron Muhammad

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Cook County Department
of Corrections

Case No: 09C896
(To be supplied by the Clerk of this Court)

09CV896

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Ahmed Aaron Muhammad
- B. List all aliases: Aaron Muhammad
- C. Prisoner identification number: 20080048143
- D. Place of present confinement: Cook County Department of Corrections
- E. Address: P.O. Box 089002, Chicago, Illinois 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Cook County Department of Corrections
Title: (SAME)
Place of Employment: (SAME)
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I am hereby claiming, to have been incarcerated under cruel and inhumane conditions. For the past (3) three months I've been held, in a cell, which does not have any working light fixtures. My vision has been deteriorating, at a rapid rate due to the conditions in which I have been subjected to. Not only my request been accepted, but (several grievances I have filed, with the administration) have gone either ignored or unanswered. This claim is not only solidified, by medical ~~requests~~ requests it is verified, by my cellmate, who is currently, in the process of filing his own lawsuit. Mr. Jerry Carter will produce an affidavit, to the fact, that he and I have been subjected, to the exact treatment, which I aforementioned. Officers who also work the deck of Division # 11 AC know about and have submitted several work orders pertaining to the fixing and repairing, of the light fixtures in Cell L-105. These conditions

not only fall under cruel and inhumane conditions, but when they are coupled along with the fact, that the administration had instituted a lock-down, where the inmates are locked, within their cells (16) sixteen hours out of a (24) twenty-four hour days. My eyes have to adjust to light for (3) three hours then I'm locked in for (6) six hours and let out again for (3) three hours, on rotating days; This adjustment is not only a strain, on the eyes, but also is an exceedingly exasperated stress factor to our psychological destruction. I am a war Veteran of the United States Marine Corps and considering the conditions I am subjected to, I suffer from periodic flashbacks as well as nightmares. These events have cause me, to file this lawsuit, in order to try and secure some sort, of gratification, for the loss of my physical and mental well-being. I compel this court to investigate this claim to the utmost efficiency and come to a conclusion, on behalf of me the inmate, who has been incarcerated, under these conditions. Your cooperation in this matter is greatly appreciated. Thank you!!

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want the court, to file on behalf of Ahar Aaron Muhammad, who has suffered not only physical, but mental damages, which clearly are irreversible and permanent. The negligence of the administration of the Cook County Department of Corrections has caused severe damage to Mr. Muhammad and I should be graciously compensated.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 19th day of March, 20 09

Ahar Aaron Muhammad

(Signature of plaintiff or plaintiffs)

Ahar Aaron Muhammad

(Print name)

20080048143

(I.D. Number)

Cook County Department of Corrections

P.O. Box 281002

Chicago, Illinois 60608

(Address)